

California

Child and Family Services Review

System Improvement Plan (SIP)

Riverside County



Dennis J. Boyle, Director:
Department of Public Social Services

Marie Whittington, Chief Probation Officer:
Riverside County Probation Department



"Critical to our success are people at the state, county, community, and neighborhood levels joining together in a comprehensive effort to ensure every child in California will live in a safe, stable, permanent home, nurtured by healthy families and strong communities."

--Child Welfare Services Redesign, Stakeholders Group
Final Report (September, 2003)

California's Child and Family Services Review System Improvement Plan

County:	Riverside County
Responsible County Child Welfare Agency:	Riverside County Department of Public Social Services
Period of Plan:	October 1, 2004 through December 31, 2006
Period of Outcomes Data:	Quarter ending June 30, 2003
Date Submitted:	September 30, 2004
County Contact Person for County System Improvement Plan	
Name:	Sharrell Blakeley
Title:	Assistant Director
Address:	4060 County Circle Drive Riverside, CA 92503
Phone/Email	(951) 358-3082 shblakel@riversidedpss.org
Submitted by each agency for the children under its care	
Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	Dennis J. Boyle
Signature:	
Submitted by:	County Chief Probation Officer
Name:	Marie Whittington
Signature:	

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SYSTEM IMPROVEMENT PLAN (SIP):

Background

The California Outcomes and Accountability Act mandates the requirement to measure and track key program outcomes, processes, and services provided to children. These measures are consistent with those identified in the Federal Child & Safety Review. Known as the new Outcomes and Accountability System, these measures focus on critical safety, stability, and child/family well-being factors focused on improving the experience of children and families entering the child welfare system.

The Riverside County Department of Public Social Services (DPSS) and the Riverside County Probation Department completed the first California Child and Family Services Review (C-CFSR) and produced its first County Self-Assessment (CSA) on June 28, 2004.

1. Local Planning Bodies

Local Planning Bodies

During the Self-Assessment process, DPSS and the Riverside County Probation Department engaged 119 individuals from a broad cross-section of the community to review the data related to the County's performance in the outcome indicators. Additionally, the group reviewed data gathered through interviews and focus groups with key stakeholders, including parents, youth, foster parents, the court, and community based service organizations. Most individuals were identified and invited to participate because they represent existing partnerships which focus on the prevention and intervention of child abuse and neglect and serve families and children in the child welfare system.

One such partnership is the CAPIT—PSSF Program Evaluation Advisory Board. It is composed of community-based organizations, the Riverside County Department of Mental Health (DMH), and DPSS Children's Services staff. Quarterly meetings are facilitated by an outside evaluator, Walter R. McDonald and Associates. The team works to design, implement and refine evaluation of qualitative outcomes associated with CAPIT-PSSF-funded services.

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**Local
Planning
Bodies**
(continued)

Other local planning involved in the CSA and SIP include:

Name	Purpose	Current Projects	Contact Information	Meeting
CAPIT—PSSF Community Partner Meeting	Develop collaborative relationship between service providers and public agency partners. Provide a forum for service provider issues and concerns. Services focus on the prevention and treatment of child abuse and neglect.	Provide technical support to vendors, identify service gaps and duplications within the county; review, coordinate, and evaluate the provision of CAPIT PSSF-funded services.	Mark Friedlander S.S.P./CAU Riverside County DPSS 10281 Kidd St. Riverside, CA 92503 (909)358-6973	Quarterly meetings with all CAPIT-PSSF contracted service providers
CHARMMS (Children's Healthy Activities and Results using Medi-Cal Money in Schools)	Solicits RFPs, awards, and provides oversight of initiatives funded with bus transportation reimbursements.	Program evaluation and oversight of current awards.	Bill McLurkin Student Support Services RCOE 3939 13 th St. Riverside, CA 92502 (909)826-6874	Quarterly meetings with Probation, CHA, DMH, RCOE, & Children's Services
Court Appointed Special Advocates (CASA)	To speak for the best interests of abused, neglected, and abandoned children in the courts of Riverside County.	Advocating for the services needed to help each child detained by the Juvenile Court find safe, permanent, nurturing homes, and become healthy and productive adults.	Marilyn Yeates CASA for Riverside County, Inc., P.O. Box 3008 Indio, CA 92202-3008 (760)863-7425	Monthly in-service trainings with all CASA volunteers in Riverside County
Dependency Recovery Drug Court	To enhance and expand treatment services to achieve positive reunification for as many families as possible by promoting successful recovery from alcohol or drug dependency when alcohol or drug abuse is a contributing factor in child abuse or neglect.	Daily mentoring program, weekly provision of assessment, and referral of services to clients who have been accepted into the Drug Court program.	Michael Gooch Supervising Behavioral Health Specialist Riverside County DMH, Substance Abuse Program 3768 10 th St. Riverside, CA 92501 (909)955-2821	Weekly meetings with Superior Court judges, private attorneys, Juvenile Defense Panel attorneys, District Attorney's Office, DMH, Children's Services, & DMH Substance Abuse

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Local Planning Bodies (continued)

Name	Purpose	Current Projects	Contact Information	Meeting
Differential Response Oversight Team	Provide alternative service intervention to families at risk of child abuse and neglect .	County-wide DR program for families referred by DPSS; Pilot Project (Jurupa) for families referred by Riverside Sheriff's Office.	Gary McMane MSW Department Director 1265 N. La Cadena Ste. 4 Colton, CA 92324 (909)370-1293	Quarterly meeting of Children's Services, RSO, and Catholic Charities to review program operation and service delivery
First Five Commission	Develop a strategic plan to implement the improvement of early childhood development for all children from prenatal to 5 years and their families.	Provide funding for the development of more child care and early childhood education programs, health care, and other childhood services; advocacy at the local, state and federal levels of government .	Stella Smith Deputy Director First 5 Riverside 2002 Iowa Ave. Ste. 100 Riverside, CA 92307 (909)248-0014	Monthly meetings with representatives from DMH, DPSS, CHA, YMCA, BOS, Child Care Consortium of Riverside, & Children's Center of Riverside
Grandparents Raising Grandchildren (GRG) Task Force	To increase accessibility & availability of services to grandparents, and to remove obstacles that might hinder the ability of a relative to care for their kin .	Three ongoing committees: 1. Program & Public Relations 2. Systems & Change 3. MDT to address complex issues for grandparents and relatives and resolve any identified concerns.	Mary Jo Casino Program Specialist II Office on Aging, Hemet Senior Services Center 1075 N. State St. Hemet, CA 92543 (909)791-3573	Quarterly meetings for the Task Force, and monthly meetings for each committee, with Children's Services, BOS representatives, grandparents, grandparent advocates, Office on Aging, Probation, Probate Court, DMH, FFA's, CHA, Family Law Court, and Juvenile & Superior Court representatives
Interagency Council	Planning and collaboration regarding children's services across the public agencies & ongoing review of current issues impacting these services.	Interagency Directory, Interagency Staff Development Symposium, and review of current issues regarding children's services.	Dr. Sandra Schnack Riverside County Office of Education 3939 13 th St. Riverside, CA 92502 (909)826-6602	Meetings every other month with management & parent partners of the following agencies: Children's Services, CHA, DMH, Probation, Drug & Alcohol, & RCOE

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Local Planning Bodies (continued)

Name	Purpose	Current Projects	Contact Information	Meeting
Prevent Child Abuse Riverside County	Increase community awareness and prevention of child abuse and neglect.	Lead responsibility for mandated reporter trainings; awareness campaigns, conducts one annual conference (last one on Family Violence). Evaluates RFPs for CAN services; makes funding recommendations.	Bob Brunson CEO PCARC 6700 Indiana Ave. Ste. 252 Riverside, CA 92506 (909)778-0327	6 regional chapters: Coachella Valley, Banning/Beaumont, Riverside, Perris, Corona/Norco, Temecula; meet once per month with service providers, parents, and public agencies
Project REST (Reducing the Effects of Stress & Trauma on Children & Families)	To provide intervention to youth and families who have been exposed to violence.	Services eight areas within the Corona-Norco-Riverside locations; utilizes MDT to assess youth & family needs and refer to appropriate resources or create appropriate solutions.	Kim Taylor Alternatives to Domestic Violence P.O. Box 910 Riverside, CA 92502 (909)320-1370	Monthly meetings with ADV, Corona P.D.,YWCA of Corona, PCARC, UNITY, Corona-Norco school districts, Trauma Intervention Team, CHA, Probation, District Attorney's Office, RSO, Children's Services, Victim Witness, & BOS staff
Riverside Child Assessment & Treatment (RCAT) Multidisciplinary Team (MDT)	To review the child abuse and forensic examinations done by the RCRMC Child Abuse and Neglect (CAN) team.	Ongoing reviews of all children seen for child abuse at the hospital.	Cynthia Marez Administrative Services Manager Riverside County DPSS Children's Services 4060 County Circle Riverside, CA 92503 (909)358-7096	Monthly meetings with law enforcement, District Attorney's Office, Victim Witness, Children's Services, and Hospital
S.A.V.E. (Stop the Aftermath of Violence Effectively)	Identify children exposed to violence or emotional trauma by utilizing law enforcement contacts.	Focus on children 0-8 years & develop violence intervention and recovery plans for the children and their families.	Gail Hepner Valley Wide Recreation & Parks P.O. Box 907 San Jacinto, CA 92581 (909) 654-2026	Bi-monthly meetings with police, schools, Children's Services, Probation, ADV, PCARC, DMH, CASA, and community-based organizations

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Local Planning Bodies (continued)

Name	Purpose	Current Projects	Contact Information	Meeting
SB163 Wraparound Steering Committee	Provides oversight of Wraparound Program (to allow eligible DMH and Probation children alternatives to group home placement); enrollment of youth in wraparound services, coordination of case reviews, assessments, and development of service plans; maintenance of youth in their own homes.	Provides ongoing review of enrollment, eligibility of youth, strengths and barriers of program, and fiscal oversight.	Joan Welker Mental Health Services Supervisor-B, Riverside County DMH 9707 Magnolia Ave. Riverside, CA 92503 (909)358-6873	Monthly meetings with Probation, RCOE, Children's Services, DMH, Community Health Agency, parent partners, and consumers of mental health services

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**Local
Planning
Bodies**

Local Planning Bodies (continued)

Individuals from the following groups met on July 13th, July 15th, July 27th, and August 18, 2004 to: discuss the findings of the CSA, identify areas needing immediate attention, and develop goals and strategies addressing areas of needed improvement.

SIP Team

County of Riverside	
Department of Public Social Services, Children's Services	
Administration	Operations
Sandra Becerra	Tom Klinedinst
Sharrell Blakeley	Cynthia Marez
Phil Breitenbucher	Jennie Pettet
Sylvia Deporto	Michelle Wohl
Dr. Jennifer de la Ossa-Ramirez	
Jewel Pabustan	Contracts
Lisa Shiner	Theresa Bushey-Larsen
Steve Sopher	
Bonnie Williams	Housing Authority of Riverside County
	Cheryl Olds
Community Health Agency	
Judy Earp	Probation Department
	Lois Gardella
Court Appointed Special Advocates (CASA)	
Marilynn Yeates	Sheriff's Department
	Pete LaBahn
Department of Mental Health	
Erllys Daily	Superior Court of California
Steve Steinberg	Pam Miller
Community Partner	Agency
Anita Aldrich	Public Child Welfare Training Academy Southern Academy
James Coloma	Public Child Welfare Training Academy Southern Academy
Judee Cox	Regional Access Project Foundation (RAP)
Veronica Dover	Family Service Association of Western Riverside County
Harry Freedman	Youth Services Center
Holly Hale	Catholic Charities
Gayle Hepner	Valley Wide Recreation & Parks
Ruth Kantorowicz	Child Abuse Prevention Center
Faith E. Karetji	Olive Crest
Gary McMane	Catholic Charities
Maria Perez	Child Abuse Prevention Center
Michele Phannix	Inland Empire Foster Parent Association
Chantel Schuering	Family Services of the Desert
Edwina Scott	Prevent Child Abuse Riverside County

2. Findings That Support Qualitative Change

**Walter R.
McDonald &
Associates,
Inc.**

**Data
Collection**

DPSS commissioned Walter R. McDonald & Associates, Inc. (WRMA), a leading provider of consulting services to human services agencies and organizations, to conduct the qualitative data collection and analysis. The data collection included two electronically-mailed anonymous surveys to department staff; one survey was sent to DPSS Children's Services managers, supervisors and case workers and the other was sent to Probation staff involved with the children's welfare system. Staff were asked, but not required, to complete the surveys. There were 107 responses from DPSS and 39 responses from Probation staff.

WRMA staff also conducted several focus groups. Three focus groups targeted relative and non-relative caregivers; a total of 16 caregivers participated. Two focus groups targeted youth meeting eligibility requirements for the Independent Living Program (ILP); a total of 21 youth participated. One focus group included service providers from across the county. A total of 25 service providers participated in that focus group.

In addition to the surveys and focus groups, WRMA conducted face-to-face interviews with 6 court officials and telephone interviews with 19 parents (including biological parents, legal guardians and relative placements).

The purpose of WRMA's research was to gather and analyze participants' opinions and experiences pertaining to Riverside County's ability to meet the needs of its children and families. Areas of focus were the following 3 of 7 systemic factors: service array, case review, and agency collaboration.

Service Array

In the area of service array, it was learned that while the county offers a wide variety of services, constituency groups were in agreement that the current funding level for these services is insufficient to meet the needs. They stated that the county must secure additional substance abuse resources as clients needing this type of service are experiencing long waiting lists. Additionally, high quality foster homes are needed, especially in the sparsely-populated desert area. Transportation represents a barrier to receiving service; services offered in Spanish are also needed. Lack of availability or timely accessibility of services overall was a common theme.

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**Data
Collection**
(continued)

Case Review

In the area of case review, it was learned that court continuances are often driven by:

- unreasonably high caseloads that limit the ability of social workers to make all court hearings
- lack of a date-tracking system to improve the likelihood of timely submission of court reports
- inconsequential continuances as a result of clerical logistics rather than substantive justifications, and
- inconsistencies across courts in adherence to time lines.

Termination of parental rights (TPR) is a streamlined process whereby county attorneys become involved and provide important counsel. However, areas needing improvement include:

- standardization of court procedures and practices (e.g., one court approves TPR without an adoptions assessment while others do not)
- greater consistency in the completion of adoption assessments, and
- supervision regarding the quality of reports submitted in court (i.e., despite signatures by a caseworker and his/her supervisor, reports are often deficient due to the omission of required components).

Agency Collaboration

Communication and collaboration (both *within* DPSS and *between* DPSS and its community partner providers) are working, but constituency groups acknowledge that needs for improvement still exist in the following areas:

Within DPSS:

- There is a lack of communication between various divisions and programs.
- Social workers do not all have the same information regarding services available, referral criteria, or how to access the available services.

Beyond DPSS:

- Social workers are not always available for consultation with providers.

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Agency Collaboration (continued)

Beyond DPSS (continued):

- Partners are not familiar with DPSS policies, procedures, and processes. Staff turnover makes it difficult for partners to know current information in the midst of change. There is a lack of skilled, knowledgeable liaisons in DPSS to connect with and to help community partners be useful in their roles as partners.
- There has been a lack of outreach by Children's Services to partner providers in the areas of program and service development. There exists unresolved "turf wars" among some partners with regard to funding and services, based on institutional history and inadequate forums for communication. Community partners generally have not been afforded input on program development or how it should be implemented. The county needs to recognize community partner expertise.
- Community partners have not been included in the MOU/contract development process. Instead, they have been given final versions of the documents for agreement and signature. Often, MOUs do not specify a lead agency which can lead to confusion. An MOU can become outdated in the period of time it takes to get approval and the goals may change during development. County Counsel reviews also cause delays in MOU/contract development; there is a need to streamline this process.

These findings, along with the baseline data on outcome indicators and themes from DPSS' Peer Quality Case Review [(PQCR) held between May 24 and May 28, 2004 and described in next section], were considered by the SIP team in identifying and selecting goals for improvement, strategies to achieve goals, and strategy milestones.

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PQCR Focus

Riverside held one the first two PQCRs in the state between May 24 and May 28, 2004. The purpose of the Riverside County PQCR was to analyze social work practice as it relates to family reunification and re-entries into foster care. The decision to focus on this area was made after examining the January 2004 Quarterly Outcomes and Accountability Data Reports compiled by the California Department of Social Services (CDSS) and the University of California, Berkeley (UCB).

As an indicator of the outcome measure, Children have Stability and Permanency in their Living Arrangements, federal outcome indicator 3F, examines the number of children admitted to foster care who were previously in foster care and reunited with the parent or guardian during the previous 12 months. According to the January 2004 report data, on average, 11.1% of children entering foster care in Riverside County were previously in foster care. The federal standard for this measure is 8.6%.

Experience

Interviews with each group, as well as case review data, revealed that social worker experience may be an important contributor to successful reunification and lower foster care re-entry rates.

The court officers discussed the need for social workers to write effective court reports, and be knowledgeable about the court process, as well as the information required by the court, in order to be influential during reunification decisions. This knowledge and ability is usually developed over time by a worker and would not be an expected skill in a new worker.

Likewise, social workers discussed the need to develop knowledge regarding the services and resources available to clients, and supervisors recommended obtaining social workers who already have experience working with clients, especially clients with substance abuse or mental health issues. Tentative data derived from the case review may indicate the possibility of a relationship between social worker experience and the likelihood of foster care re-entry.

Among all the groups interviewed, although not identified directly, experience was perceived as a necessary factor in order for social workers to be the most effective at their jobs, and an important contributor to successful reunifications.

**Client
Support
Systems**

When social workers, supervisors and court officers were asked about contributing factors to successful reunifications, all discussed the need to provide or expand client support. This was especially apparent during the social worker and supervisor interviews, where the importance of service provision, collaborating with immediate and extended family members, and conducting family conferences was discussed. The assertions presented by the supervisors and social workers may be supported by the case review data, which indicated that children placed with a relative prior to reunification were less likely to re-enter foster care. It is possible the parents of those children, and the children themselves, benefited from having a more extensive family support system to draw upon.

**Risk and
Safety
Assessment**

Support for ongoing risk and safety assessments, whether through frequent client contacts or the use of the Structured Decision-Making (SDM) tool, was voiced during the social worker and supervisor interviews. In addition, the case review demonstrated that a higher proportion of the children in the foster care re-entry group were removed from their home due to abuse (rather than neglect), than the children who did not re-enter care within twelve months.

**Completion
of Case Plans**

From the information gathered during the court officer interviews, it does not appear to be an uncommon occurrence for a case plan to be only partially completed prior to a child being returned to his/her family. Social workers cited "inflexible legal timeframes", or pressure from the Department or court as contributing to "early" reunifications. In addition, the Case Review data demonstrated that a large number of families are reunified while the case is still in the Court Dependency Unit (CDU). The family most likely would be in the early stages of the case plan while the case is in CDU, and would not have had time to complete all activities prior to reunification.

Regardless of the reasons, both social workers and supervisors advocated for having clients complete their case plan activities, as well as demonstrate behavioral change, particularly when the client is trying to resolve substance abuse issues.

**Common
Factors and
Barriers**

When questioned regarding the common factors contributing to the social workers' decision process, or the barriers to a successful reunification, the social workers, supervisors and court officers were remarkably consistent. All three groups cited the parents' actions, motivation, and stability as the most important factor in the social workers' decision. The top barrier to a successful reunification cited by social workers and supervisors was the lack of available and accessible client services. The second most commonly mentioned barrier for all three groups was social worker workload.

Overall Findings

Riverside County's strengths are in the areas of:

- Joint placement of brothers and sisters if they must be removed from their homes
- Children placed with relatives
- Children reunified with their parents within 12 months
- Immediate response to reports of child abuse
- Timely social work visits with children in their homes
- Finalized adoptions if children cannot be reunified with parents
- Fewer moves for children if they must be placed out of the home

From the CSA and PQCR, Riverside learned it must improve its outcomes in the areas of the rate of abuse and/or neglect in foster care, the rate of recurrence of abuse/neglect in homes where children were not removed, and the rate of foster care reentry. Riverside also learned that it needs to expand the accessibility and availability of substance abuse treatment services, transportation, services in isolated areas, services offered in Spanish, and age-delineated parenting classes.

Based on the data as of June 30, 2003 produced for the CSA, Riverside County had another area of needed improvement; that of recurrence of maltreatment. The State discovered a methodology error. And when the data was re-evaluated using the correct methodology, Riverside County's performance is lower than the State average. While the County still intends to work on improvements in this area, it will not be addressed in this System Improvement Plan (SIP).

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Examples:

Two of the four priorities identified through PQCR were: (1) social workers and supervisors want increased training in risk and safety assessments, and (2) improved/expanded client support systems are critical to successful reunifications. Additionally, Children's Services social workers and supervisors identified the top barrier to successful reunification as the lack of available and accessible client services. This was echoed in the responses received through the various data collection methods employed by WRMA.

One SIP goal is to increase the competence of (1) Children's Services social workers and supervisors in assessment and development of safety plans, and (2) community partners' staff in delivery of services to children and families in Riverside County. This goal's strategies and milestones, as well as other goals' strategies and milestones, will address PQCR concerns. Some strategies and their milestones are:

Provide consistent training for supervisors, social workers and community partners

- Children's Services staff and community partners *in selected zip codes* are educated on the value of the Family-to-Family Team Decision Making (TDM) model, which emphasizes comprehensive assessment of risk and safety through family involvement, through a minimum of 4 meetings per year.
- Children's Services staff and community partners *countywide* are educated on the value of the Family-to-Family TDM model, which emphasizes comprehensive assessment of risk and safety through family involvement, through a minimum of 4 meetings per year.
- Service providers have developed and trained Children's Services staff on protocols for all services available by contract.
- Children's Services staff in collaboration with community partners access Differential Response appropriately for those children and families that would benefit from services when a more intrusive intervention is not appropriate.

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Examples:
(continued)

Improve the consistent use and completion of Structured Decision Making (SDM) tools.

- Improvements in utilization of SDM achieved as measured by quarterly data reports.

Redesign Differential Response to reflect more inclusive collaborative and more comprehensive service system.

- Research existing service/collaborative models.
- Identify non-traditional resources, including parent partners, to strengthen the service delivery system.
- Finalize program redesign specification.

Expand safety assessment and planning to maintain children with their families. Increase family involvement in the development and completion of case plans and other decision-making processes regarding child placement to improve the likelihood of successful plan completion.

- Verification that a Family Strengths and Needs Assessment (FSNA) has been completed prior to the development and completion of each supervisor-approved case plan.
- Production of quarterly reports to ensure completion of SDM.

Expand accessibility and availability of local substance abuse treatment services.

- Identify traditional and non-traditional substance abuse treatment and services providers and development of protocols and strategies for expanding accessibility and availability of treatment and services.
- Education of bench officers and attorneys regarding the value of families ordered into drug court.

Ensure continuity of service providers for the family before and after the child has been returned to the home.

- Identification of service providers, resource families, and other partners in the families' own neighborhoods.
 - Review option of single social worker assigned throughout the reunification and family maintenance process.
-

Executive Summary

A. Introduction

The purpose of this section is to provide a summary of Riverside County's Self-Assessment on each of the *California Child and Family Services Review* (C-CFSR) outcome indicators and related systemic factors.

Background California Assembly Bill 636 (2002) mandates the requirement to measure and track key program outcomes, processes, and services provided to children. These measures are consistent with those identified in the Federal Child & Safety Review. Known as the new Outcomes and Accountability System, these measures focus on critical safety, stability, and child/family well-being factors geared at improving the experiences of the children and families that enter the Child Welfare system.

Demographic Profile Riverside County has the fourth largest land area and the sixth largest population in California with a population growth of over 30% in the past ten years. It is composed of 372,386 families, more than half (53%) of which are raising children under the age of 18 years. The county's average family size of 3.47 persons is slightly higher than that of the statewide average of 3.43. Approximately 14% of the county's total population is living with incomes below the federal poverty level.

Agency Characteristics Riverside County, Department of Public Social Services, Children's Services Division provides Child Welfare Services in accordance with Welfare and Institutions Code (WIC) 300. The Children's Services Division is composed of 812 employees of which over 400 are social workers, 49% are master's level or higher (27% MSW and 22% other master's degree). This workforce is ethnically diverse and representative of the client population, 16% of the social workers are Spanish speaking. A significant portion of Riverside County social workers are relatively new; 21% of social workers have been on the job for two years or less.

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A. Introduction, Continued

Agency Characteristics (continued)

There are chronic and persistent challenges with social worker recruitment and retention, especially in the desert regions, which impact the ability to provide quality services. Despite a 9% turnover ratio for both case-carrying social workers and supervisors during fiscal year 2002/2003, Riverside County's turnover ratio is lower than the statewide average. This may be due in part to some of Riverside County's recruitment and retention strategies which include: a 5.5% pay differential for social workers; a hiring bonus of up to \$10,000; licensure supervision for both marriage and family therapists (MFTs) and licensed clinical social workers (LCSWs); and paid release time for social workers pursuing an MSW degree (commonly referred to as the *20/20 Program*).

Fortunately, Riverside County is able to continue to hire social workers at a time when many counties are unable to increase staffing levels due to the state's fiscal crisis. Children's Services anticipates hiring approximately 30 new social workers by the end of July 2004, which will have a positive impact on the Emergency Response caseload sizes. In addition, existing staff are being shifted to equalize the workload.

The following sections summarize various outcome indicators and related systemic factors.

B1. Safety Outcomes (Indicators 1A, 1B, and 2A; Process Measure 2B)

Children are, first and foremost, protected from abuse and neglect; and children are maintained safely in their homes whenever possible and appropriate.

- **Indicators 1A and 1B**
Recurrence of Maltreatment
- **Indicator 2A**
Rate of Recurrence of Abuse/Neglect in Homes Where Children Were Not Removed
- **Process Measure 2B**
Percent of Child Abuse/Neglect Referrals with a Timely Response

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B1. Safety Outcomes (Indicators 1A, 1B, and 2A; Process Measure 2B), *Continued*

Strengths in Achieving Positive Outcomes

Riverside County's collaborations and partnerships with the community is a great strength in its achievement of positive outcomes and the provision of effective child welfare services. This responsiveness is supported by the C-CFSR outcome indicators as well as by the stakeholder feedback.

Riverside County has established a "state of the art" child abuse hotline. Callers are always connected to a live person to answer questions, provide referrals to community resources, and receive information regarding suspected child abuse/neglect. The Central Intake Center (CIC) ensures all reports regarding abuse/neglect of children are received, evaluated, and processed in an efficient and expedient manner. During the report period between July 2002 and June 2003, Riverside County received more than 20,000 reports of child abuse/neglect and over 15,000 of those were assigned for response (immediate or 10-day).

As indicated by the C-CFSR outcome indicator 2B, Riverside County responds timely to referrals of child abuse and neglect. Riverside County reported a 97% compliance rate in response to referrals requiring the immediate (within 24 hours) assistance of Child Welfare Services

Riverside County also operates four Family Resource Centers (FRC) located in the communities of Perris, Rubidoux, Desert Hot Springs, and Mecca, California. The FRCs function as a hub of community services designed to improve family life, particularly for overburdened or disadvantaged families.

Riverside County provides a wide range of preventative services to children and families. These services are provided in collaboration with community-based organizations (see Chapter V. – Section A., *County-Wide Primary Prevention Efforts* for more information).

In addition to these services, Riverside County has sustained efforts in the provision of mandated reporter training. These services are carried out through our board-designated child abuse council, *Prevent Child Abuse Riverside County* (PCARC), and other providers.

B1. Safety Outcomes (Indicators 1A, 1B, and 2A; Process Measure 2B), *Continued*

Areas Needing Improvement

For the report period between July 2002 and June 2003, Riverside County's rate of recurrence of maltreatment within 12 months (13.5%) was higher than the state average (11.2%).

This self-assessment identifies the following goals and target areas needing improvement in Riverside County:

- reduce caseloads for front-end Children's Services staff (those responding to reports of suspected abuse/neglect); Riverside County staff caseloads are above the recommended state standard.
- improve training of front-end staff
- improve risk and safety assessments, shift from incident-focused assessments to a more holistic needs assessment
- improve supervisory training
- improve communication regarding the availability of services and resources
- increase staff retention
- improve continuity (i.e., minimize changes) of social workers, and
- improve court report recommendations.

Impact of Systemic Factors

There are several systemic factors that may impact Riverside County's ability to achieve positive safety outcomes.

Relevant Management Information Systems:

The C-CFSR outcome indicators are drawn from data derived from CWS/CMS. Many of the data fields extracted from CWS/CMS have not been consistently or accurately utilized by Riverside County prior to the report period of July 2002 to June 2003. Strategies have been developed to address this factor.

Case Review System:

Information obtained through surveys and focus groups suggest Riverside County should make effort to increase the engagement of parents, caregivers, and age-appropriate youth in the case planning process. It was also suggested that the courts may be terminating jurisdiction prematurely, limiting the county's ability to provide ongoing case supervision and support services.

B1. Safety Outcomes (Indicators 1A, 1B, and 2A; Process Measure 2B), *Continued*

Impact of Systemic Factors (continued)

Service Array:

Admission priorities for county-operated substance abuse treatment services are regulated by federal guidelines. Clients are prioritized for treatment as follows: (1) pregnant, injecting drug users; (2) pregnant substance abusers; (3) injecting drug users; and (4) all others. Consequently, the amount of time required to access substance abuse treatment services will not be the same for all clients. Stakeholders' feedback suggests that many clients seeking treatment are placed on waiting lists which may limit the amount of time parents have to participate in court-supervised services and/or may adversely affect their ability to reunify with their children.

Service Gaps and Needs

Focus groups and surveys conducted with various stakeholders in Riverside County identified service gaps and needs.

More than any other service, stakeholders identified quicker access to substance abuse treatment as a significant gap in service. Also, due to Riverside County's large geographic area, rural and/or isolated areas are lacking in equitable services and transportation. Other identified services gaps are: age-delineated parenting classes and enhanced probation services to adults/parents.

A service need identified to improve safety outcomes was performance based contracting. This was suggested since many clients are referred to pre-placement preventative services; these services need to be accountable for providing qualitative outcomes which reflect their effectiveness in preventing the recurrence of child maltreatment.

B1. Safety Outcomes (Indicators 1A, 1B, and 2A; Process Measure 2B), *Continued*

Strategies Initiated to Achieve Improvements

Riverside County has implemented a wide range of early intervention and prevention strategies designed to reduce the maltreatment of children. These strategies include:

Differential Response (DR) Program:

In July of 2003, Riverside County initiated the DR program. Clients are referred to this program by Children's social workers or by Riverside County Deputy Sheriffs. Families are eligible for this program when: 1) assessed as presenting low safety and low-to-moderate risk factors of child abuse or neglect; 2) the assessment of the social worker or deputy does not result in a substantiated finding of abuse or neglect; and 3) the family is assessed as likely to benefit from services but does not require formal supervision. Upon receipt of the referral to DR, Catholic Charities (a community based organization) conducts an intake assessment, develops a case plan, and refers the family to a network of treatment and support services.

Structured Decision Making (SDM):

SDM is a tool developed by the Children's Research Center (CRC) and provides:

- social workers with simple, objective, and reliable tools to make the best possible decisions for individual cases and
- managers with information for improved planning, evaluation, and resource allocation.

The principle behind SDM is that case decisions may be improved by:

- clearly defined and consistently applied decision making criteria
- readily measurable practice standards, with expectations of staff clearly identified and reinforced, and
- assessment results directly affecting case and agency decision making.

Currently, over 15 counties in California have implemented all or part of the SDM case management tool.

Continued on next page

B1. Safety Outcomes (Indicators 1A, 1B, and 2A; Process Measure 2B), *Continued*

Strategies Initiated to Achieve Improvements **(continued)**

CAPIT & PSSF Services:

Child Abuse Prevention, Intervention and Treatment (CAPIT) services are provided via federal and state allocations to support families who are at high risk of child abuse and/or neglect. Promoting Safe and Stable Families (PSSF) services are provided via federal allocations to facilitate family preservation, family support, family reunification and adoption services. Examples of CAPIT and PSSF services include parent education, in-home support, family meetings, family therapy, self sufficiency promotion and referrals to the community rather than adjudication through the Juvenile Court System.

Court Report Improvements:

Riverside County's Information Technology Division has developed a program for the creation of court recommendation templates to ensure continuity and accuracy of appropriate legal findings and orders.

History Alert/Multiple Referrals:

Riverside County's Central Intake Center (CIC) has developed a method to identify or "flag" referrals from families that have a history of repeated referrals over a period of time. The histories of these referrals are reviewed by supervisors and regional managers prior to the investigation, and prior to closure of the referral.

Technical Assistance, Review Assessment, and Consultation (TRAC):

The TRAC consultant provides assistance and consultation to investigating social workers on all referrals that meet Riverside County severe risk criteria.

Riverside Child Assessment & Treatment (RCAT) Team:

RCAT provides specialized forensic interviews to both Children's Services and to law enforcement agencies, in an effort to avoid the trauma of multiple interviews for the child.

Emergency Response Training:

All front line staff recently received a specialized training called "Safety, Risk Assessment and Beyond". The focus of this training was on providing social workers with the skills, knowledge and abilities to conduct in-depth and thoughtful decisions in the front end of a case. Current skills and knowledge were enhanced through analysis and review of actual cases.

Continued on next page

B1. Safety Outcomes (Indicators 1A, 1B, and 2A; Process Measure 2B), *Continued*

Strategies Initiated to Achieve Improvements **(continued)**

Second Shift:

Children's Services has implemented a specialized unit of second shift workers who investigate immediate response (IR) referrals for all regions beginning at 3:00 P.M. This reduced the amount of overtime staff worked during normal hours of operation, improving workload manageability and reducing stress for all investigating social workers.

Staff Development:

Most of the newly-hired social workers are assigned to the Emergency Response (ER) Program due to critical need. Therefore, a strategy was initiated to provide all MSW interns with extensive assessment and investigation experience and training during their internship with Riverside County prior to being hired.

Assistance / Resources Needed from CDSS to Achieve Improvements

Extended time frames for the development of case plans would assist the county with engaging family members in the case planning process. Flexible spending sources would support the expansion of our Family Resource Centers (FRCs) and Differential Response (DR) programs.

Additionally, the California Department of Social Services (CDSS) needs to improve communication with the Chief Probation Officers of California (CPOC) network to address funding and service needs for shared clients.

B2. Safety Outcomes (Indicator 1C; Process Measure 2C)

Children are, first and foremost, protected from abuse and neglect; and children are maintained safely in their homes whenever possible and appropriate.

- **Indicator 1C**
Rate of Child Abuse and/or Neglect in Foster Care
 - **Process Measure 2C**
Timely Social Worker Visits with Child
-

Continued on next page

B2. Safety Outcomes (Indicator 1C; Process Measure 2C), *Continued*

Strengths in Achieving Positive Outcomes

Riverside County's supervision of children in out-of-home care appears to be a great strength in its achievement toward positive outcomes and provision of effective child welfare services. This supervision is supported by the C-CFSR outcome indicators as well as by the stakeholder feedback.

During the report period between July 2002 and June 2003, Riverside County had over 4,600 children placed in out-of-home care. As indicated by the C-CFSR outcome 2C, Riverside County contacts the majority of the children it supervises on a monthly basis. For the month of June 2003, Riverside County's compliance (83%) was 9% higher than the state average.

Riverside County has established a centralized placement unit. Social workers access services provided by this unit by submitting a request whenever a child requires an out-of-home placement. The placement unit is then responsible for ensuring the out-of-home care selected is the safest, least restrictive environment, and the most permanent home based on the specific needs of each child.

Placement Support Services also recruits and trains potential foster care providers. Riverside County requires that all foster care providers attend 30 hours of training prior to licensure, as well as ongoing training.

Riverside County requires all caregivers to submit to a full criminal history background check in accordance with state and federal regulations. Additionally, Riverside County searches the "Genesis" system, which is a local court computer database.

Along with regular contacts by the case carrying social worker, Riverside County has created the Out-of-Home Investigations unit (OHI). OHI was created to respond to all allegations of abuse/neglect for children placed out-of-home, and to determine if such children may be safely maintained in the placement. Oftentimes these investigations are conducted in collaboration with the case-carrying social worker. If an allegation is substantiated or inconclusive, a report is filed with Placement Support Services. An OHI worker may request that the caregiver submit to a Corrective Action Plan; the placement may be subject to an administrative hold.

B2. Safety Outcomes (Indicator 1C; Process Measure 2C), *Continued*

Areas Needing Improvements

Riverside County's rate of maltreatment in out-of-home care (1.4%) was above both the state average (.8%) and the national standard (.57%). In an effort to improve this measure, several areas have been identified by the stakeholders for needed improvement.

As previously mentioned, Riverside County has developed a unit (OHI) dedicated solely to the investigation of allegations of abuse/neglect for children placed out-of-home. While the OHI unit has been identified as a strength for Riverside County, it appears past work practices of this unit may be a contributing factor for the reported high rates of maltreatment in out-of-home care.

In late 2002, Riverside County began creating referrals for all children in a foster or home where allegations of maltreatment had been reported. It was later discovered that "incident reports" (accidental injuries) were being referred to the OHI unit for investigation; in an attempt to document accidental child injuries (e.g., falling off a bike), referrals were substantiated. This increase in substantiated referrals may have negatively impacted the outcome for *rate of maltreatment in out-of-home care*. These work practices have undergone review, and policy changes are underway.

Impact of Systemic Factors

There are several systemic factors that may impact Riverside County's ability to achieve positive outcomes in this area.

Relevant Management Information Systems:

As noted previously, the Central Intake Center attempted to use CWS/CMS in order to document 'special incidents' (accidental injuries, etc.) occurring with children placed out-of-home. This data was later included in the larger data set to identify the rate of maltreatment.

Case Review System:

Caregivers have suggested that they would like more involvement in the development of the case plan to ensure the needs of the child are met. Caregivers stated they are not always informed/noticed of the upcoming court hearings.

Foster/Adoptive Parent Licensing, Recruitment, and Retention:

Despite all the efforts Riverside County has dedicated to the recruitment of foster parents there is still a shortage of suitable and appropriate foster care. Additionally, feedback suggests that caregivers are not always provided with the necessary resources (e.g., health, mental health, and special education) to adequately provide for children's needs.

Caregivers expressed a need for respite care and childcare.

B2. Safety Outcomes (Indicator 1C; Process Measure 2C),

Continued

Service Gaps and Needs

In addition to the areas of needed improvement, several service gaps have been identified.

Specifically, there is a need to develop further data analysis to identify patterns related to:

- the types of abuse/neglect experienced in out-of-home care
- placement types maltreatment most frequently occurs in, and
- ethnic/cultural or age factors

Strategies will be developed to target the needs of specific high-risk groups (children under 1 and/or specific ethnic groups) when recruiting or training foster parents.

Strategies Initiated to Achieve Improvements

Out-of-Home Investigations (OHI) Unit:

OHI is a specialized unit that has been formed to:

- ensure that allegations of abuse and neglect as defined in W&IC section 300 (a-j) for children in out-of-home placement are investigated using Children's Services policy and procedures
- assess out-of-home placements according to the best interests of the child(ren)
- provide on-going support to resource families for up to a four (4) month period to help them maintain the highest possible level of care, and
- ensure coordination and collaboration with Community Care Licensing, law enforcement, foster family agencies (FFA), group homes and relative/non-related extended family members

JV 290 –Caregiver Information Form:

Riverside County has recently developed policy to institute the utilization of the JV 290. The JV 290, created by Judicial Council, will be provided to caregivers who want to submit written information regarding the child(ren) in their care to the court. The JV 290 will be included in the court record in the child's dependency hearing.

Foster Parent Recruitment Efforts:

The foster parent recruitment team has been effective in reaching out to the community, as evidenced by substantial increases in attendance at recruiting events and licensing information meetings.

Continued on next page

B2. Safety Outcomes (Indicator 1C; Process Measure 2C),

Continued

Strategies Initiated to Achieve Improvements **(continued)**

Family to Family Project:

Riverside County has applied for a three-year grant from the Annie E. Casey foundation to implement the Family to Family model. The project, which focuses on building community partnerships to increase resource families within neighborhoods and includes family participation in decision making, will provide Riverside County an opportunity to redesign its foster care system to achieve a more family centered, neighborhood-based approach to family foster care.

Quality Assurance (QA) Review:

The QA unit has scheduled a practice review to evaluate:

- selection of out-of-home placements
- supervision of out-of-home placements, and
- investigation of allegations concerning children in out-of-home placements.

Court Appointed Special Advocates (CASA):

CASA are trained volunteer community members that are appointed by the Juvenile Court. Volunteers research information (i.e., they review records and interview parents, teachers, neighbors, and *most importantly*, the child). These volunteers then appear in Court to recommend to the judge what is best for a child's future. Coordination between the social worker, CASA worker, and the court system enhances the effectiveness of addressing the child's needs while in the child welfare system.

Assistance/ Resources Needed from CDSS to Achieve Improvements

CDSS needs to develop clear policies and guidelines detailing the exact methodology for data provided and clear instructions for CWS/CMS data entry.

C. Permanency and Stability Outcomes (Indicators 3A, 3B, 3C, 3F, and 3G)

Children have permanency and stability in their living situations without increasing re-entry to foster care.

- **Indicator 3A**
Length of Time to Exit Foster Care to Reunification/Adoption
 - **Indicators 3A and 3B**
Stability of Foster Care Placement
 - **Indicators 3F and 3G**
Rate of Foster Care Re-Entry
-

Strengths in Achieving Positive Outcomes

Riverside County's children are provided with permanent and stable living situations. This is indicated by both the C-CFSR outcome indicators and by the stakeholder feedback.

Riverside County's rate of reunification within 12 months (76%) is much higher than the state average (65%) and meets the national standard (76%). Riverside County's rate of adoption within 24 months (40%) is almost double the state average (23%) and exceeds the national standard (32%).

The high performance on these outcome indicators is likely the result of Riverside County's practice and emphasis on permanency. At the time of initial removal, parents are informed of the requirements of *Concurrent Planning* and the possibility of *Termination of Parental Rights*. Reunification services are immediately initiated and all efforts are made to reunite the child(ren) with the family whenever safe and appropriate. Relatives are immediately identified for potential placement and are then provided with the brochure "Family Matters". This brochure explains the CWS process, the legal requirements and process for becoming a caregiver, and information about legal guardianship and adoption.

Riverside County also utilizes a Concurrent Planning Review (CPR) team. This team meets regularly to review all dependency cases to identify the best permanency plan for a child when reunification is not possible.

In addition, Riverside County is very timely in the submission of court reports. This can be attributed to quality case supervision and a comprehensive court hearing tracking and monitoring system. Riverside County Data Analysis unit provides monthly reports to all office support supervisors notifying them of upcoming court hearings.

C. Permanency and Stability Outcomes (Indicators 3A, 3B, 3C, 3F, and 3G), Continued

Areas Needing Improvement

Riverside County's rate of re-entry (11.1%) into foster care closely mirrors the state average (10.8%); however it exceeds the national standard (8.6%).

The stakeholder feedback received through the Self-Assessment process revealed areas of needed improvement to ensure permanency and stability for children.

The lack of inclusion of parents' input in the development of the case plan is a recurrent theme. Another theme is the lack of social worker continuity. In Riverside County, one social worker investigates the referral, another completes the initial court process, another social worker is responsible for working with the family through the reunification process and then another works with the family during the family maintenance program. Therefore, it is likely that a family could have four different social workers in a year. This turnover limits the relationship the parent, child, and social worker can develop. The lack of continuity also limits the social worker's knowledge of the family and related case history.

Impact of Systemic Factors

Case Review:

The lack of parents' involvement in the development of the case plan was identified as a systemic factor impacting the achievement of these outcome indicators.

Service Array:

The dual responsibility of county-operated substance abuse treatment services to meet *local* demands, yet abide by federal treatment-priority guidelines, is identified as a systemic factor impacting the achievement of these outcome indicators.

Service Gaps and Needs

Once again, the challenges of quicker access to substance abuse treatment, lack of affordable housing, and accessibility to age-appropriate parenting classes (i.e., fewer classes are offered in remote areas and during the summer months), are identified as service gaps and needs.

Strategies Initiated to Achieve Improvements

Peer Quality Case Review (PQCR):

The PQCR focused on the incidence of foster care re-entries to examine the following areas:

- decision-making processes for reuniting children
- receipt of services
- case-planning, and
- the Court's role in reunification.

C. Permanency and Stability Outcomes (Indicators 3A, 3B, 3C, 3F, and 3G), Continued

Strategies Initiated to Achieve Improvements (continued)

Parents' Rights Brochure:

The "Your Rights – Under California Welfare Programs" [Publication 13] was developed as a resource to inform parents of their right to receive public assistance and the method they need to pursue if they believe their rights have been violated.

Family to Family Project:

This project is being developed to improve upon *permanency* and *stability* outcomes. Specifically, *Family to Family* may decrease the length of time for exiting foster care to reunification/adoption and increase the stability of foster care placement.

Structured Decision Making (SDM):

The SDM safety and risk assessment tool is used by social workers at the time of reunification to increase consistency in the standards used for individual case decisions across social workers.

Riverside County Dependency Recovery Drug Court Program:

This program was developed to improve access to substance abuse treatment services and to increase the likelihood of timely reunification. These goals are achieved via an integrated, court-based collaboration between the Court, Mental Health, Children's Services, and West Educational Services. This cross-disciplinary team provides weekly assessments of each Drug Court participant.

Assistance/ Resources Needed from CDSS to Achieve Improvements

None identified.

D1. Family Relationships and Community Connection Outcomes (Indicators 4A and 4B)

The family relationships and connections of children served by the CWS will be preserved, as appropriate.

- **Indicator 4A**
Siblings Placed Together in Foster Care
 - **Indicator 4B**
Foster Care Placement in Least Restrictive Settings
-

Strengths in Achieving Positive Outcomes

Riverside County's Self Assessment indicates children are able to retain close connections to family as evidenced by the C-CFSR outcome indicators as well as by the stakeholder feedback.

According to C-CFSR outcome indicator 4A, 74.3% of children in out-of-home care are placed with some or all of their siblings, while the state average is only 66.4%. Almost 42% of children in out-of-care are placed with relatives in Riverside County (the state average is 33%) and more than 70% of children identified as Native American are placed in relative homes (the state average is 40%). Additionally, only 2% of Riverside County children's primary placement was in group homes, while 9% of children statewide are primarily placed in group homes.

As noted above, Riverside County's centralized Placement Support Services ensures children are placed in the safest and least restrictive settings possible. Prior to the placement of any child in a group home, social workers are required to present the case to the Inter-Agency Placement Screening Committee which is composed of a mental health worker and two Children's Services supervisors. The goal of the committee is to locate the most appropriate, least restrictive, placement for the child. In addition to the Inter-Agency Placement Screening Committee, social workers must receive court authorization prior to placing a child in a group home.

Areas Needing Improvement

There has been an increase in the use of Foster Family Agencies (FFA). These placement resources are intended to be therapeutic homes and are more restrictive than relative or foster homes. However, due to a lack of placement resources FFAs are often used because they maintain sibling groups in their area of origin (connected with previous family supports) and provide transportation, case management, and counseling services. As noted above, there is a need to increase the pool of resource families. This will help in decreasing the number of FFA placements and increase the rate of placing siblings together.

D1. Family Relationships and Community Connection Outcomes (Indicators 4A and 4B), Continued

Impact of Systemic Factors

There were several systemic factors impacting Riverside County's ability to achieve positive outcomes in this area.

Foster/Adoptive Parent Licensing, Recruitment, and Retention:

Despite Riverside County's recruitment efforts, there continues to be a shortage of resource families. By increasing the pool of resource families, Riverside County could decrease use of FFA homes, increase the rate of placing siblings together, and decrease the number of placements children must endure.

Service Gaps and Needs

Service gaps and needs identified for the achievement of positive outcomes surrounded the need for more foster homes (especially in the Desert) and a need for increased transportation services for visitation [see attached Peer Quality Case Review (PQCR) report].

Strategies Initiated to Achieve Improvements

Riverside County has employed several strategies to ensure children retain family and community connections. Some of these strategies include:

Relative Assessment Unit (RAU):

The new centralized RAU is comprised of social workers who are solely responsible for evaluating each relative or non-relative extended family member. The RAU ensures all safety needs and state mandates are addressed. It is anticipated this unit will increase the rate of relative placements as well as ensure stability and permanence for children in out-of-home care.

Family to Family Project:

Riverside County has applied for a three-year grant from the Annie E. Casey foundation to implement the Family to Family model. The project focuses on building community partnerships, team decision making, self-evaluation, recruitment, training, and support of resource families.

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D1. Family Relationships and Community Connection Outcomes (Indicators 4A and 4B), Continued

Strategies Initiated to Achieve Improvements (continued)

AB 490 and AB 408 Workgroup:

This workgroup is a collaborative approach between Children's Services ,
Riverside County Office of Education and other community partners to:

- ensure the child meets academic achievement standards and remains in the school of origin whenever possible
- facilitate the educational and social stability for foster children
- ensure the child is able to obtain and/or maintain meaningful relationships such as mentor, friend, advisor or an individual in another capacity
- continue the partnership with the local educational agency to address child's needs including the foster care education liaison
- ensure the child's ability to attend school regardless of status of school records, immunizations, uniforms or outstanding fees
- conduct a comprehensive review of all previous partial and completed school work in order to determine the amount of school credits, and
- promptly release all educational records including academic, behavior, health, and attendance of all foster youth, as needed.

Assistance/ Resources Needed from CDSS to Achieve Improvements

The state needs to take the lead in recruiting resource families across the state. This would assist Riverside County in its efforts to recruit and retain suitable resource families.

D2. Family Relationships and Community Connection Outcomes (Indicator 4E)

The family relationships and connections of children served by the CWS will be preserved, as appropriate.

- **Indicator 4E**
Rate of ICWA Placement Preferences
-

Strengths in Achieving Positive Outcomes

Riverside County has improved its process for ensuring Native American children are identified and placed in Native American homes. All Emergency Response social workers are trained to inquire about Native American heritage for all children whether or not a referral becomes a case.

Riverside County meets quarterly with the Indian Child and Family Service (ICFS) agency which represents a consortium of 8 of the 11 local tribes. Riverside County has specifically dedicated Indian Child Welfare Act (ICWA) social workers in each of the field offices to interact with ICFS and ensure ICWA recommendations and related services are provided.

Areas Needing Improvement

Although Riverside County works diligently to identify those children with Native American heritage, it appears (based on stakeholders' feedback) there is a need to improve noticing practices to local tribes for ICWA children. County Counsel also needs additional training as to when ICWA applies.

Impact of Systemic Factors

Agency Collaborations:
Although Riverside County meets with ICFS, it has been suggested that this collaboration could be improved.

Service Gaps and Needs

There is a need to increase the recruitment of Native American caregivers. There is also a need to strengthen the collaborative relationships with all eleven tribes.

Strategies Initiated to Achieve Improvements

Recruiting Rural Parents for Indian Children project:
Riverside County social workers are participating in a 5 year demonstration project through the Federal Children's Bureau. The goal is to recruit new resource families for the placement of Native American children and to assist in making recruitment and permanency practices more culturally appropriate.

D2. Family Relationships and Community Connection Outcomes (Indicator 4E), Continued

**Assistance/
Resources
Needed From
CDSS to
Achieve
Improvements**

Changes to CWS/CMS are required in order to accurately identify and track all ICWA cases. Technical assistance training is also needed to improve relationships with all Native American tribes.

E. Well-Being Outcome (Indicator 8A)

Youth emancipating from foster care are prepared to transition to adulthood.

- **Indicator 8A**

Children Transitioning to Self-Sufficient Adulthood

**Strengths in
Achieving
Positive
Outcomes**

Riverside County has continued to offer Independent Living Program (ILP) services to its children in an attempt to assist children transitioning to self-sufficient adulthood. The number of youth offered ILP services in Riverside County increased each year (a total of 79%) for the three year period between October 1999 and September 2002. All surrounding counties also increased the number of youth offered ILP services, although none as much as Riverside County.

Riverside County has developed a strong ILP collaborative which consists of the University of Life, Cameron Hill After-Care, Riverside County Probation, Riverside County Office of Education, Workforce Development and Riverside Community College. The ILP collaborative meets monthly to discuss issues surrounding emancipating youth.

Riverside County has a centralized Independent Living Program (ILP) which monitors each dependent child's case to ensure a Transition to Independent Living Plan (TILP) has been completed. The unit issues reminder notices for the TILP to the social worker for any child 16 years of age or older. The TILP is reviewed by the social worker and supervisor every six months. This unit also evaluates programs and services offered to teens in preparation of emancipation.

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E. Well-Being Outcome (Indicator 8A), Continued

Strengths in Achieving Positive Outcomes **(continued)**

Riverside County offers all youth (16 years old and older) the opportunity to participate in the University of Life, an eight week course that provides state-mandated training for emancipation. The University of Life is provided on a continuous basis at 3 to 4 separate locations across the county. In addition to the University of Life, Riverside County offers emancipation events and job fairs. A quarterly ILP newsletter is sent to all social workers in Riverside County. This newsletter informs workers of upcoming educational and recreational opportunities for youth.

Riverside County has a strong working relationship with the County Chapter of the California Youth Connection (CYC). The Chapter Chair attends the monthly ILP collaborative meeting and maintains regular contact with the ILP unit.

Areas Needing Improvement

Riverside County has not been as successful at increasing the number of children who actually receive ILP services compared to the number of children offered services. By the end of the year (October 2001 through September 2002), only 13% more children had received services in comparison to October 2000 through September 2001.

Action is needed to improve the access, availability and communication of services to emancipating youth, and to improve coordination/cooperation between the social worker and other important adults in the child's life (foster parents, school staff, courts, service providers, etc.)

Children's Services social workers, Mental Health workers, Probation and Mental Health eligible youth are frequently not sure what ILP services are available and are therefore unable to effectively advocate for these services to the youth on their caseload. Workers don't always receive the ILP newsletter, which lists ILP services being offered, from their manager and/or social service supervisor.

E. Well-Being Outcome (Indicator 8A), Continued

Impact of Systemic Factors

Relevant Management Information Systems:

The data provided for this measure is not drawn from CWS/CMS; it is drawn from the SOC 405A (*CWS ILP Report of Youth Served*), submitted by counties to the state each year.

There are a number of issues regarding the SOC 405A data that must be considered when reviewing this outcome:

- The state has not clearly defined the data elements counties must report using the SOC 405A form. The state also has not provided specific instructions as to how data should be collected and tracked.
- Each county has set up their own mechanisms for collecting and tracking ILP data; this data is not consistent or comparable across counties.
- Accurate counts of the total ILP population being served by each county are not available, thereby contributing to the difficulties of making comparisons across counties.
- Riverside County is in the process of establishing county definitions of ILP data elements, data collection procedures, and data entry procedures to ensure internal data is reliable and consistent.

Case Review System:

Time constraints and workload size contribute to social workers rushing to complete the TILP document and inhibit the ability of social workers in spending time assessing the child's needs and progress. Sometimes the TILP is faxed to group homes and faxed back with the child's signature, without the social worker meeting with the child. Youth need to participate in the development of their case plan and TILP.

Agency Collaboration:

Foster parents, court, and school representatives are often unaware of ILP services and therefore are unable to encourage youth to take advantage of these services or to assist the social worker by providing a consistent message to the youth.

Service Gaps and Needs

There is a need for housing and transportation for youth who have emancipated from foster care or probation.

E. Well-Being Outcome (Indicator 8A), Continued

**Strategies
Initiated to
Achieve
Improvements**

Foster Youth Information Software (FYI):

Riverside County Children's Services has partnered with Riverside County Office of Education (RCOE) in an effort to improve coordination with local schools to ensure:

- social workers are kept informed of the child's progress in school
- the school and the social worker work together in determining the youth's needs and providing assistance, and
- the child is receiving all services available through the school such as; ROP/vocational classes.

Centralize TILP:

The ILP unit currently serves as a monitoring unit to ensure all TILPs are completed by a social worker for all dependent children ages 16 year old and older. A strategy has been developed for the ILP unit to begin completing assessments and TILPs for all dependent children 16 years of age and older to centralize and streamline the process.

Youth Mentor Program:

The Youth Mentor program has been developed (but not yet implemented) to increase the attendance of ILP classes provided by the University of Life and to provide leadership opportunities for current and former foster youth who have successfully completed the eight week University of Life training.

ILP Database:

The Children's Services ILP unit has developed an internal database with the capacity to track all ILP referrals and all youth participating in ILP services and after-care.

**Assistance/
Resources
Needed from
CDSS to
Achieve
Improvements**

The state should take the lead in providing support and logistical guidelines/parameters to counties in their search for adequate and affordable housing options for youth emancipating from foster care and probation. Actions should be taken to reduce the number of homeless youth.

State regulations need to be clearly defined and consistently applied. Statewide data standards are needed to accurately and consistently report and track ILP youth and services.

II. SIP Plan Components

Outcome/Systemic Factor: 1C Rate of Abuse and/or Neglect in Foster Care				
County's Current Performance: Our baseline performance is 1.4 %.				
Improvement Goal 1.0 Improve our ability to assess safety and risk factors associated with resource families and reduce the rate of abuse and/or neglect in foster care.				
Strategy 1. 1 Develop an assessment tool (similar to Structured Decision Making - SDM) to assess resource families.			Strategy Rationale An accurate and consistent process for the assessment of safety and risk will result in positive outcomes for children and families.	
Milestone	1.1.1 Conduct practice review of Out of Home Investigation (OHI) Unit to determine whether any factors are responsible for driving up Riverside County's rate and to define and implement standards for disposition and allegation conclusions for out-of-home referrals .	Timeframe	02-01-05	Assigned to Children's Services Quality Assurance, Children's Services Out-of-Home Investigation (OHI) Unit, Children's Services Policy Development Unit, Children's Services Regional Managers, resource families, and foster parent associations
	1.1.2 Revise policies and procedures and implement practice changes if necessary .		06-01-05	
	1.1.3 Finalize training curriculum for implementation of SDM tool for out-of-home referrals (w/assist from PCWTA).		10-01-05	
	1.1.4 Out-of-Home Investigation (OHI) staff and resource families are trained in new SDM tool and associated work practices.		01-01-06	

Strategy 1.2

Initiate Family-to-Family strategy of TDM to better evaluate the child's needs and to identify the potential caregiver's capacity/ability to meet these needs.

Strategy Rationale

Placing a child with a neighborhood resource family who has the skill set to meet the unique needs of the child and who is receiving support from a local community-based agency helps to ensure that the first placement becomes the child's last. Continuing training, respite care, goods and services and support for emotional and behavioral needs can keep resource families functioning well as the hard realities of fostering set in. Experienced resource families mentoring newer resource families can be a valuable support system.

Milestone	1.2.1 Educate bench officers and attorneys regarding the Family to Family values and strategies, with special focus on TDM goals and protocol.	Timeframe	10-01-05	Assigned to	Children's Services Regional Managers, Children's Services Family to Family Unit, Children's Services Court Services Branch
	1.2.2 Utilize the Team Decision Making (TDM) process to evaluate the needs of children and make appropriate resource family placements in one zip code per region; the zip codes are: 92201, 92240, 92507, 92543, 92553, and 92882.		11-01-05		Children's Services Regional Managers
	1.2.3 Utilize the Team Decision Making (TDM) process to evaluate the needs of children and make appropriate resource family placements countywide.		11-01-06		Children's Services Regional Managers

Improvement Goal 2.0

Improve the recruitment and retention of high quality resource families within the child's community.

Strategy 2.1

Expand recruitment of quality resource families that is more neighborhood-based, culturally sensitive, and located primarily in the communities in which children live.

Strategy Rationale

Neighborhood foster care is more than the match of a birth family and a foster family in the same neighborhood: it is a program and service that ties the child and parents with the primary resources of the community in which they live. Increasing the pool of resource families is critical in areas where Children's Services detention is highest. Partnering and mentoring strategies that involve "successful" foster and adoptive families help to identify relevant factors that contribute to their success, as well as develop a profile of the most valued resource, support, and activities that help to retain new resource families.

Milestone	2.1.1. Workgroup established to review/modify/build upon the existing recruitment, outreach and retention plan.	Timeframe	11-01-04	Assigned to	Department of Mental Health, contractors providing parenting classes and in-home demonstrations, foster parents, California Youth Connection, and Children's Services Placement Unit
	2.1.2 Community partners each provide 2 resource families' names per quarter for DPSS outreach efforts.		03-01-05		Department of Mental Health, contractors providing parenting classes and in-home demonstrations, foster parents, California Youth Connection, and Children's Services Placement Unit
	2.1.3 Review and evaluation of data to determine outreach and recruitment effectiveness via increase in foster homes per zip code.		03-01-05		Children's Services Outcomes & Accountability Unit, Children's Services Family to Family Unit, and Children's Services Placement Unit

Strategy 2.2 Implementation of a standardized resource family training process for recruitment, selection, and retention across the county and across agencies.		Strategy Rationale Continuing training, respite care, goods and services and support for emotional and behavioral needs can keep foster/adoptive parents functioning well as the hard realities of fostering set in. Resource families within the child's neighborhood become partners in service and reunification and assist in maintaining the child's connection with the birth family.			
Milestone	2.2.1 Utilize two new programs called <i>Parent Partners</i> and <i>Desert Recruitment</i> to increase the number of quality resource families in the desert area.	Timeframe	11-01-04	Assigned to	Children's Services Placement Unit, DPSS Staff Development Department, and resource families and parent partners in the desert
	2.2.2 Foster PRIDE/Adopt PRIDE (P arent R esources for I nformation, D evelopment, and E ducation) training is implemented		01-01-05		Children's Services Permanency Branch and Placement Unit, DPSS Staff Development Department, resource families, and Public Child Welfare Training Academy
	2.2.3 Identification of strong community partners who provide potential non-traditional resource families names each quarter and provide assistance in supporting those families' foster parent experience in one zip code per region; the zip codes are: 92201, 92240, 92507, 92543, 92553, and 92882.		06-01-05		Children's Services Placement Unit, and self-identified community partners in the identified zip code areas, and Public Child Welfare Training Academy

Milestone	2.2.4 Identification of strong community partners who provide potential non-traditional resource families names each quarter and provide assistance in supporting those families' foster parent experience countywide	Timeframe	06-01-06	Assigned to	Children's Services Placement Unit, and self-identified community partners, and Public Child Welfare Training Academy
	2.2.5 Community partners and experienced resource families mentor (i.e., consult and educate) newer resource families each quarter regarding what " <i>neighborhood foster care</i> " means.		06-01-06		Children's Services Placement Unit, and self-identified community partners

Strategy 2.3 Cross training of staff, resource families and service providers with the same curriculum across the county and across agencies.		Strategy Rationale Improved communication and knowledge exchange between each segment of the child welfare system will result in maximized utilization of resources and improved outcomes for children and families.			
Milestone	2.3.1 Development of curriculum and responsibility for at least one (1) training session per year for resource families by staff of DPSS and service providers.	Timeframe	06-01-05	Assigned to	DPSS Staff Development Department, Probation Department, Public Child Welfare Training Academy, resource families, and community partners
	2.3.2 Publicize and disseminate PRIDE training through PCWTA training curriculum related to the care and supervision of children placed out-of-home; commit 5 % of Children's Services staff members to attend PCWTA training each year.		10-01-05		Children's Services Placement Unit, DPSS Staff Development Department, and community partners
	2.3.3 Foster Family Agency (FFA's) will be encouraged to participate, and foster family associations and resource families will participate in standardized training curriculum.		01-01-06		Children's Services Placement Unit, DPSS Staff Development Department, FFA's, and Public Child Welfare Training Academy

Improvement Goal 3.0 Better integrate the use of CWS/CMS in casework practice and ensure accurate and consistent entry of case management data in CWS/CMS. Improve the availability and quality of data entered into CWS/CMS.						
Strategy 3. 1 Review & update Children's Services work practices associated with data entry. Data will be consistently entered for all risk and safety assessments.				Strategy Rationale Correct data consistently entered in CWS/CMS will result in accurate counts of child maltreatment in out-of-home care.		
Milestone	3.1.1 Ensure that data is accurately entered as child abuse referrals in CWS/CMS.	Timeframe	01-01-05		Assigned to	Children's Services Out-of-Home Investigation Unit, and Children's Services Outcomes & Accountability Unit
	3.1.2 Staff, through specific training by DPSS Staff Development Department, have the necessary skills to research complete history of abuse referral by foster parent in CWS/CMS.		01-01-05			Children's Services Out-of-Home Investigation Unit, Children's Services Outcomes & Accountability Unit, and DPSS Staff Development Department
Strategy 3. 2 Management reports will be developed to evaluate and assess the incidence of maltreatment in out-of-home placements.				Strategy Rationale Management reports run by DPSS will provide timely assessments of progress towards achieving a positive outcome. This information will validate the impact of strategies associated with this SIP component.		
Milestone	3.2.1. Establishment of workgroup to (1) define reports and report content and (2) interpret business need based on report findings.	Timeframe	06-01-05		Assigned to	Children's Services Outcomes & Accountability Unit, and community partners
	3.2.2 Creation of report queries.		06-01-05			Children's Services Outcomes & Accountability Unit

Milestone	3.2.3 Testing of report validity.	Timeframe	06-01-05	Assigned to	Children's Services Outcomes & Accountability Unit
	3.2.4 Analysis and review of reports; recommendations to Children's Services and community partners regarding areas for improvement.		06-01-05		Children's Services Outcomes & Accountability Unit, and community partners
<u>Describe any additional systemic factors needing to be addressed that support the improvement plan goals.</u> Management information system improvements.					
<u>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</u>					
<u>Identify roles of the other partners in achieving the improvement goals.</u> PCARC is willing to provide information/handouts regarding resource family recruitment at meetings.					
<u>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</u>					

Outcome/Systemic Factor: 2A Rate of Recurrence of Abuse/Neglect in Homes Where Children Were Not Removed (12 Months)				
County's Current Performance: Our baseline performance is 11.4 %.				
Improvement Goal 1.0 To increase the competence of (1) Children's Services social workers and supervisors in the assessment and development of safety plans and (2) community partners' in their delivery of services to children and families where children were not removed.				
Strategy 1. 1 Provide consistent training for supervisors, social workers and community partners on risk and safety assessment.		Strategy Rationale The development of a competent, effective workforce depends on education, training, support and resources necessary for people to do their jobs. The goal of increasing staff competence is identified with the aim of ensuring that (1) children are removed when necessary, (2) children and families are referred for appropriate services when removal of children from the home is not required, and (3) delivery of services is of the highest quality possible.		
Milestone	1.1.1 Children's Services staff and community partners in one zip code per region (the zip codes are 92201, 92240, 92507, 92543, 92553, and 92882) are trained in the Family-to-Family Team Decision Making (TDM) model, which emphasizes comprehensive assessment of safety and risk through family involvement, through a minimum of 4 meetings per year.	Timeframe	06-01-05	Assigned to Children's Services Regional Managers, DPSS Staff Development Department, and community partners
	1.1.2 Children's Services staff and community partners countywide are trained on the value of TDM and SDM, which emphasize comprehensive assessment of risk & safety through a series of tools.		06-01-06	

Milestone	1.1.3 Both contracted and non-contracted service providers train Children's Services staff twice per year on all services available by contract.	Timeframe	06-01-06		Assigned to	Contracted and non-contracted service providers
	1.1.4 Children's Services staff and community partners implement a Differential Response Program for those children and families who would benefit from services when a more intrusive intervention is not appropriate.		06-01-05			Community partners and Children's Services Regional Managers
Strategy 1. 2 Explore alternative family strength-based models.			Strategy Rationale Familiarity with the family's unique strengths and service needs can strengthen a social worker's ability to meet the needs of children and families.			
Milestone	1.2.1 Review C-CFSR outcome data for other counties (in relation to their ER staffing structure).	Timeframe	01-01-05		Assigned to	Children's Services Policy Unit
	1.2.2 Explore the ER staffing structures of counties with low rates of recurrence of maltreatment.		01-01-05			Children's Services Policy Unit
	1.2.3 Identify ER staffing structure alternatives for Riverside County.		01-01-05			Children's Services Policy Unit

Improvement Goal 2.0 Decrease the rate of <i>recurrence of abuse/neglect in homes where children were not removed</i> by increasing community involvement in the support and stabilization of low to moderate risk families.					
Strategy 2.1 Improve communication between families, Children's Services staff, service providers and resource families.			Strategy Rationale Partnerships among families, resource families, Children's Services staff and service organizations can help deliver effective resources and opportunities to families and produce sustainable results. Trust between partners based on broad inclusion and meaningful engagement is imperative.		
Milestone	2.1.1 Hold no less than year training meetings per year of DPSS staff, community advocates, parent partners and all service providers, to review data, track milestones, and continue to collaborate.	Timeframe	01-01-06	Assigned to	Children's Services Regional Managers, DPSS Staff Development Department, service providers, and community advocates.
Strategy 2.2 GIS mapping of community resources and initiation of the Family-to-Family initiative.			Strategy Rationale The community must understand its capacity to respond to children and families by fully engaging collaborative planning, funding, operation, and evaluation.		
Milestone	2.2.1 Share pertinent data with partners in one zip code per region (the zip codes are 92201, 92240, 92507, 92543, 92553, and 92882) through a medium that is audience-focused.	Timeframe	01-31-05	Assigned to	Children's Services Family to Family Unit, Children's Services Outcomes & Accountability Unit, Children's Services Regional Managers, and community partners
	2.2.2 Add, increase, and redirect services to targeted needs for families, i.e. substance abuse, transportation, sexual abuse, and services for Spanish-speaking families.		07-01-05		Children's Services Program Development Unit and Children's Services Regional Managers

Milestone	2.2.3 Implementation of Team Decision Making (TDM) in one zip code per region (the zip codes are 92201, 92240, 92507, 92543, 92553, and 92882) for children at risk of removal.	Timeframe	10-01-05	Assigned to	Children's Services Regional Managers and community partners
	2.2.4 Formation of voluntary advisory subcommittees for each region toward Family to Family countywide implementation.		03-01-06		Children's Services Family to Family Unit, Children's Services Regional Managers, and community partners
Strategy 2.3 Redesign Differential Response to reflect more inclusive collaboration and a more comprehensive service system.			Strategy Rationale Parents and their support systems must be encouraged to actively participate in decision-making process regarding services needed to ensure the safety and protection of their children. Social workers must be empowered to offer services based on family need and risk level rather than waiting for proof that abuse/neglect has occurred. Community-based organizations must be able to provide prevention, early intervention, and treatment services. Differential Response engages families by helping them recognize behaviors that put or keep their children at risk, and to change those behaviors through the assistance of supports and services.		
Milestone	2.3.1 Research existing service/collaborative models.	Timeframe	11-01-04	Assigned to	Children's Services Program Development Unit
	2.3.2 Identification of non-traditional resources, including parent partners and community organizations, to strengthen the service delivery system.		03-01-05		Children's Services Program Development Unit, DPSS Contracts Administration Unit, and community partners
	2.3.3 Implement Differential Response.		06-01-05		Children's Services Program Development Unit, DPSS Contracts Administration Unit, and community partners

Describe any additional systemic factors needing to be addressed that support the improvement plan goals.

Information obtained through surveys and focus groups suggest Riverside County should make an effort to increase the engagement of parents, caregivers, and age-appropriate youth in the case planning process. Stakeholders' feedback suggests that many clients seeking substance abuse treatment are placed on waiting lists which may limit the amount of time parents have to participate in court-supervised services and/or may adversely affect their ability to reunify with their children.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Training on developing performance-based contracts.

Identify roles of the other partners in achieving the improvement goals.

PCARC will assist in making technical assistance such as parenting training available.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

Federal admission priorities guidelines for county-operated substance abuse treatment services must be changed to allow parents involved in the CWS system to access needed substance abuse treatment in a timely manner.

Outcome/Systemic Factor: 3 F Rate of Foster Care Re-Entry					
County's Current Performance: Our baseline performance is 11.1 %.					
Improvement Goal 1.0 Reduce the rate of foster care re-entry no later than January 1, 2007.					
Strategy 1. 1 Expand safety assessment and planning to maintain children with their families. Increase youth and family involvement in the development and completion of case plans and other decision-making processes regarding child placement to improve the likelihood of successful plan completion.			Strategy Rationale An accurate assessment of a family's needs and strengths provides an appropriate foundation for planning and delivering needed services and supports. The Family Strengths and Needs Assessment (FSNA) portion of Structured Decision Making (SDM) involves the family in identifying their strengths and in prioritizing their needs to be addressed in the case plan. Consistent use of the FSNA increases staff expertise, thereby increasing the ability to achieve positive outcomes for families.		
Milestone	1.1.1 Supervisor training and subsequent verification by Children's Services Regional Managers that an FSNA has been completed prior to the development and completion of each supervisor-approved case plan.	Timeframe	01-01-05	Assigned to	Children's Services Regional Managers
	1.1.2 Production of quarterly reports to ensure completion of all SDM tools .		01-01-05		Children's Services Outcomes & Accountability Unit

Strategy 1. 2 Initiation of the first phase of Family -to-Family.		Strategy Rationale Family-to-Family is a comprehensive, results-oriented process that ensures families, extended family members, caregivers and service partners are engaged in a way that draws on their strengths. Families, resource families and service partners are treated in a respectful manner and are invited as active participants in the case decision-making at critical case points. Team Decision Making (TDM) reviews will be conducted whenever a child is assessed at-risk for removal; it is anticipated that the implementation of Family -to-Family and TDM's will decrease re-entries into foster care.		
Milestone	1.2.1 Selection and hiring of TDM facilitators.	Timeframe	11-01-04	Assigned to Children's Services Family to Family Unit, and Children's Services Regional Managers
	1.2.2. Identification of traditional & non-traditional community partners to provide support and services in one zip code per region; the zip codes are: 92201, 92240, 92507, 92543, 92553, and 92882.		06-01-05	
	1.2.3 Training in Team Decision Making (TDM), <i>Family-to-Family</i> values, and community involvement/partnership for families, resource families, and community partners (including judicial officers and attorneys) in one zip code per region; the zip codes are: 92201, 92240, 92507, 92543, 92553, and 92882.		06-01-05	

Milestone	1.2.4 Identification of traditional & non-traditional community partners to provide support and services countywide.	Timeframe	06-01-06	Assigned to	Children's Services Family to Family Unit, Children's Services Regional Managers, and community partners
	1.2.5 Training in TDM, <i>Family-to-Family</i> values, and community involvement/partnership for families, resource families and community partners (including judicial officers and attorneys) countywide.		06-01-06		Children's Services Family to Family Unit, Children's Services Regional Managers, and community partners

Improvement Goal 2.0

Develop reunification transition plans that reflect essential services and support through open participation and feedback from traditional and non-traditional partners.

Strategy 2.1

Collaborate with Prevent Child Abuse Riverside County (PCARC), the local child abuse prevention council, to expand accessibility and availability treatment services with special focus on local substance abuse treatment services through a collaborative model for service provision and distribution of CAPIT -PSSF funding.

Strategy Rationale

Having accessible and available treatment services provided in a timely manner enhances the likelihood of successful reunification and a reduction in foster care reentry. Limited resources must be maximized and the focus maintained on local needs as identified by community partners and parent partners who have first hand information of existing resources and service gaps.

Milestone	2.1.1 Thorough analysis of all programs funded through CAPIT -PSSF and Children's Trust Fund (CTF), and the PCARC plan to ensure identified needs are being provided in targeted areas.	Timeframe	01-01-05	Assigned to	Departments of Mental Health, Health Services, Children's Services Regional Managers, PCARC, and community-based organizations
	2.1.2 Traditional and non-traditional partners have been identified and invited to participate in RFP process redesign.		01-01-05		Children's Services Program Development Unit, DPSS Contract Administration Unit, and PCARC
	2.1.3 Explore means by which CAPIT -PSSF and CTF may serve Family Maintenance and Family Reunification return clients.		03-01-05		Departments of Mental Health, Health Services, Children's Services Regional Managers, PCARC and community-based organizations
	2.1.4 Release of new RFP.		04-01-05		DPSS Contracts Administration Unit, and PCARC
	2.1.5 Meet with community partners at least thrice to review program direction and revise if necessary.		06-01-05		Children's Services Family to Family Unit, Children's Service Program Development Unit, PCARC and community partners

Strategy 2.2

Ensure continuity of service providers for the family before and after the child has been returned to the home.

Strategy Rationale

Early stages of reunification are a time of great need for the support of family resources and service providers that are familiar with the family's strengths and needs.

Milestone	2.2.1 Review C-CFSR outcome data for other counties.	Timeframe	01-01-05	Assigned to	Children's Services Policy Unit
	2.2.2 Explore staffing structure of Family Reunification and Family Maintenance in counties that have low rates of re-entry into foster care.		01-01-05		Children's Services Policy Unit
	2.2.3 Identify Family Reunification and Family Maintenance staffing structure alternatives for Riverside County.		01-01-05		Children's Services Policy Unit
	2.2.4 Identification of service providers, resource families, and other partners in the families' own neighborhoods.		06-01-06		Children's Services Family to Family Unit, Children's Services Regional Managers, community partners and resource families
	2.2.5 TDM is initiated at the time of removal of the child and at the time of reunification to identify on-going and future service needs to ensure future stability.		06-01-06		Children's Services Family to Family Unit, Children's Services Regional Managers, community partners and resource families
	2.2.6 Option of single social worker assigned throughout reunification and family maintenance process is reviewed.		06-01-06		Children's Services Deputy Director

Describe any additional systemic factors needing to be addressed that support the improvement plan goals.

The lack of parents' involvement in the development of the case plan was identified as a systemic factor impacting the achievement of this outcome indicator. Additionally, the dual responsibility of county-operated substance abuse treatment services to meet local demands, yet abide by federal treatment-priority guidelines, is identified as a systemic factor impacting the achievement of this outcome indicator. Equalizing and expanding service array, primarily in rural areas, is needed. Recruitment of resource families for Family to Family, and continuing to have ongoing case reviews to ensure families are involved in case planning are required.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Maintain technical assistance for Family to Family implementation. Community partners need to be educated in Family to Family and TDM.

Identify roles of the other partners in achieving the improvement goals.

The roles partners have identified for themselves are active participants in the outcomes and accountability process including participation in TDM, acting as advisors, and participants in training sessions. The local child abuse prevention council, Prevent Child Abuse Riverside County (PCARC) will assist in building collaboration in the RFP redesign process.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

Flexible funding stream for adjudicated services staff assignment to address staffing adequately. Changes are needed in federal substance abuse treatment priorities.